

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002708

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 281Primary Registration District No. 11Registrar's No. 11

FILED JAN 17 1963

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hopkins</u> | | c. CITY OR TOWN <u>Hopkins</u> | |
| Length of stay in 1b <u>life</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|----------------------------------|---|--------------------------------------|---|---|
| 3. NAME OF DECEASED (Type or print) | | First <u>Vulia</u> Middle <u>Mae</u> Last <u>Peve</u> | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-31-1893</u> | 9. AGE (last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Taylor County, Ia.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Willis Gray</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Pierce</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Warren Peve</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u> </u> | |
| 17. INFORMANT <u>Mrs. Faye Killam, Greely, Colo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u> </u> DUE TO (c) <u> </u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
|--|--|--|--|

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|---|--|---|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u> | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | |
| 20f. CITY, TOWN, OR LOCATION <u>Hopkins Mo.</u> | | COUNTY <u>Hopkins</u> | | STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>1/1/1930</u> and last saw her alive on <u>1/5/63</u> Death occurred at <u>9:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>C. W. Rink</u> | | 22b. ADDRESS <u>Hopkins Mo.</u> | |
| 22c. DATE SIGNED <u>1/12/63</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-13-63</u> | |
| 23c. NAME OF SEMETERY OR CREMATORY <u>Hopkins</u> | | 23d. LOCATION (City, town, or county) <u>Hopkins Mo.</u> | | 24. FUNERAL DIRECTOR <u>Stanley Symon</u> | |
| 24. ADDRESS <u>Hopkins, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1 12 63</u> | | 26. REGISTRAR'S SIGNATURE <u>Bess Holt</u> | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.